

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/423698	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		3		1		1	54						
5		3		1		1	55						
6		2		1		1	56						
7		2		1		1	57						
8		2		1		1	58						
9		2		1		1	59						
10		2		1		1	60						
11		2		1		1	61						
12		1		1		1	62						
13		1		1		1	63						
14		1		1		1	64						
15		1		1		1	65						
16	1		1		1		66						
17		1		1		1	67						
18		1		1		1	68						
19		3		1		1	69						
20		3		1		1	70						
21		3		1		1	71						
22		3		1		1	72						
23		3		1		1	73						
24						1	74						
25							75						
26							76						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	20		21		22		TOTAL DEP.						
TOTAL CLAIMS	22		23		24		TOTAL CLAIMS						